### SOUTH WEST METROPOLITAN REGION

## PARK PREWETT GROUP HOSPITAL MANAGEMENT COMMITTEE GROUP No. 47

BASINGSTOKE, HANTS

REPORT

1948



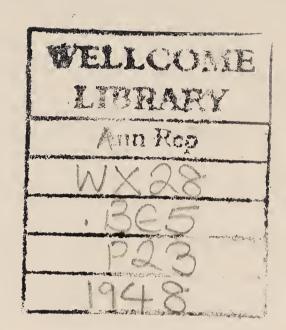
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## PARK PREWETT GROUP HOSPITAL MANAGEMENT COMMITTEE GROUP No. 47

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### REPORT

for the year ending 31st December, 1948



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### HOSPITAL MANAGEMENT COMMITTEE.

### CHAIRMAN.

R. P. Chester, Esq., J.P.

Wheelv Down House, Warnford, Nr. Southampton.

### VICE-CHAIRMAN.

Mrs. I. R. Humphreys-Owen, J.P.

Warbrook House, Eversley, Basingstoke.

### MEMBERS.

H. W. Annetts, Esq.

W. Asten, Esq., M.D.

Mrs. L. Barnard

I. Baker, Esq.

J. N. Barron, Esq., F.R.C.S.

J. Carse, Esq., M.D.

C. L. Chute, Esq., M.C.

G. T. Dicks, Esq.

E. J. Diffey, Esq., J.P.

H. Hassall, Esq. (resigned).

H. Jackson, Esq.

J. T. Rowe, Esq., M.R.C.S.

R. P. W. Shackleton, Esq., B.A., D.A., M.R.C.S.

Commander J. H. Turner

Mrs. B. Webb

"Walmley", Porton, Nr. Salisbury.

24, Braidley Road, Bournemouth.

81, Stafford Road, Southampton.

33, Avenue Road, Southampton.

49, Cliddesden Road, Basingstoke.

Graylingwell Hospital, Chichester.

The Vyne, Sherborne St. John, Basingstoke.

14, Nichols Road, Southampton.

45, Castle Road, Salisbury.

12, Eastfield Avenue, Basingstoke.

7, Bartons Lane, Old Basing, Basingstoke.

14, Winchester Road, Basingstoke.

Tangier Park, Wootton St. Lawrence, Basingstoke.

"Quiberon", Lascelles Road, Southbourne, Bournemouth.

Albion Cottage, Hartley Wintney.

### OFFICERS.

### PHYSICIAN SUPERINTENDENT.

I. Atkin, M.D., B.S., L.R.C.P., D.P.M.(Lond.), M.R.C.S.(Eng.).

### DEPUTY PHYSICIAN SUPERINTENDENT.

J. Slorach, B.Sc., M.B., Ch.B.(Aberd.), D.P.M.(R.C.P. & S.),

### ASSISTANT PSYCHIATRIST.

S. Kent, M.R.C.S.(Eng.), L.R.C.P., D.P.M.(Lond.).

### ASSISTANT MEDICAL OFFICERS.

E. R. Jones, M.R.C.S.(Eng.), L.R.C.P.(Lond.).

J. Todd, M.B., B.S., L.R.C.P.(Lond.), M.R.C.S.(Eng.),

E. A. O'Neill, M.B., Ch.B.(Birm.).

S. D. H. de Zilwa, M.R.C.S.(Eng.), L.R.C.P.(Lond.).

D. Kelsey, M.B. B.Ch.(Cantab.), M.R.C.P.(Lond.), M.R.C.S.(Eng.).

### HOUSE PHYSICIAN.

B. Fife, M.B., Ch.B.(Birm.), D.T.M. & H.(Eng.).

### GENERAL DENTAL PRACTITIONERS.

K L. Peter, M.D.(Vienna), L.D.S.(Eng.).

J. K. Donald, L.D.S.

### CONSULTING STAFF.

### GENERAL SURGEON.

J. Troup, M.B., Ch.B.(Manch.), F.R.C.S.(Edin.).

### GENERAL PHYSICIAN.

H. S. Le Marquand, M.D., F.R.C.P.(Lond.).

### ORTHOPAEDIC SURGEON.

G. N. Golden, M.B., B.S.(Lond.), F.R.C.S. (Eng.).

### NEURO SURGEON.

W. McKissock, O.B.E., M.S.(Lond.), F.R.C.S.(Eng.).

### E.N.T. SURGEON.

G. Midgley, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.L.O.(Eng.).

### RADIOLOGIST.

R. I. Roberts, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.M.R.(Eng.).

### TUBERCULOSIS OFFICER.

B. L. Lloyd, M.B., Ch.B., D.P.H.(Manch.).

### PHYSICIAN in CRIMINOLOGY.

T. Christie, M.D.(St. Andrews).

### CHAPLAINS.

The Church of England: Rev. T. Fraser-Bowen.

Non-Conformist: Rev. H. G. Kelley.

Roman Catholic: Rev. Father J. W. Levey.

### SECRETARY, FINANCE & SUPPLIES OFFICER.

Fredk. Hales, F.H.A., F.C.C.S.

### MATRON.

Miss K. Gander, S.R.N., R.M.P.A.

### CHIEF MALE NURSE.

S. T. Phillips, M.P.A.

### SOCIAL WORKER.

Mrs. K. Wade.

### ENGINEER.

F. J. Tivey, M.Inst.F., A.I.E.E.

### ROOKSDOWN HOUSE

### OFFICERS.

### MEDICAL SUPERINTENDENT.

A. E. Panter, C.B., B.A., M.R.C.S.(Eng.), L.R.C.P.(Lond.).

### PLASTIC SURGEON

J. N. Barron, F.R.C.S.(Edin.), M.B., Ch.B.(N.Z.).

W. G. Holdsworth, F.R.C.S.E., F.R.C.S.

### DENTAL SURGEONS.

E. J. Dalling, F.D.S., R.C.S., H.D.D.

N. L. Rowe, F.D.S., R.C.S., H.D.D.(Edin.).

### ORTHOPAEDIC SURGEON.

H. G. Korvin, M.D.(Vienna), F.R.C.S.(Eng.).

### ANAESTHETISTS.

R. P. W. Shackleton, B.A., D.A., M.R.C.S.(Eng.), L.R.C.P.(Lond.).

C. E. Ennis, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.A.(Eng.).

Mita Barnes, M.R.C.S.(Eng.), D.A.

### PLASTIC SURGEONS IN TRAINING AS SPECIALISTS.

J. C. Mustarde, B.Sc., D.O.M.S.

J. Szlazak, M.D.

### SURGICAL REGISTRAR.

J. A. P. Bowen, M.R.C.S.(Eng.), L.R.C.P.(Lond.).

### DENTAL REGISTRARS TRAINING AS SPECIALISTS.

J. R. V. B. Gibson, H.D.D., L.D.S., B.D.S., R.C.S.

J. H. Farrell, L.D.S.

### GENERAL OPHTHALMIC PRACTITIONER

G. J. Romanes, B.A., M.R.C.S.(Eng.), L.R.C.P.(Lond.).

### HOUSE SURGEONS.

T. M. Kraszewski, M.B.

H. MacKenzie Vass, L.R.C.S., L.R.C.P.I., L.D.S.

### CONSULTING STAFF.

### PLASTIC SURGEONS.

Sir Harold Gillies, C.B.E., F.R.C.S.(Eng.), F.A.C.S.(Hon.). F. Clarkson, F.R.C.S.

### DENTAL SURGEON.

F. A. Walker, F.D.S., R.C.S.

### PATHOLOGIST.

G. C. Hickie, M.B., B.S.(Lond.), L.R.C.P. (Lond.), M.R.C.S.(Eng.).

### E.N.T. SURGEON.

G. Midgley, M.R.C.S., D.L.O.(Eng.).

### ANAESTHETIST.

G. F. H. Enderby, M.A., M.B., B.Ch.(Camb.), D.A.(Eng.).

### RADIOLOGIST.

J. L. Feuchtwanger, M.D., D.M.R.E.

### OPHTHALMOLOGIST.

B W. Rycroft, O.B.E., M.D.(St. Andrew's), F.R.C.S.(Eng.), D.O.M.S.

### GENERAL PHYSICIAN.

L. P. E. Laurent, M.D.(Lond.), F.R.C.P.(Lond.).

### GENERAL SURGEON.

J. A. White, M.B., B.S.(Lond.), F.R.C.S.(Eng.), L.R.C.P.(Lond.).

### PARK PREWETT GROUP HOSPITAL MANAGEMENT COMMITTEE

### GROUP No. 47

### ANNUAL REPORT OF THE HOSPITAL MANAGEMENT COMMITTEE

At a Meeting of the Hospital Management Committee held at the Hospital on 7th March, 1949, it was resolved to present to the South West Metropolitan Regional Hospital Board a Report for the year ending 31st December, 1948.

### CONSTITUTION OF THE COMMITTEE.

The Committee was constituted in accordance with the National Health Service Act, 1946.

A number of the Committee had served as members of the former Park Prewett Hospital Visiting Sub-Committee, which has proved a most helpful factor to the continuity of general administration.

### HOSPITAL GROUP.

The Hospital Group comprises (a) the Mental Hospital, (b) the Special Jaw and Plastic Unit, Rooksdown House, (c) the Wimble Hill House, Crondall, designated as a Mental Hospital and also for the purposes of the Mental Deficiency Acts, (d) the Kingsclere Infirmary, designated as a Mental Hospital.

House Sub-Committees have been appointed for the two latter Units of the Hospital Group and their functions are the subject of monthly reports to the Hospital Management Committee.

The normal bed accommodation of the four Units is:

	Males	Females	Children	Total
(a) Mental Hospital	711	718		1429
(b) Special Jaw and				
Plastic Unit	101	40	19	160
(c) Wimble Hill House		150	<u></u>	150
(d) Kingsclere Infirmary	76	17		93

Villas 2 and 6, each of 40 beds, are at present diverted to other use; the former Villa to accommodate a number of the nursing and other staff attached to Rooksdown House and the latter Villa to purposes of an Occupational Therapy Centre.

### MOVEMENT OF PATIENTS.

Detailed information relating to the patients under treatment and statistical returns is given in the reports of the Physician Superintendent and Medical Superintendent (Rooksdown House).

242 Female Patients have still to be returned from the Evacuating Hospitals and it is hoped that the time may not long be delayed when this can be accomplished.

### VISITS BY COMMITTEE.

The Rota Visitors have paid monthly visits to the Hospital and their several recommendations have received consideration by the Committee. It has been a matter of great satisfaction to the Committee, from time to time, to hear both patients and relatives personally express their appreciation of the kindness and consideration extended to them.

### HOSPITAL ACCOUNTS.

The Health Service Audit of Accounts has taken place at regular intervals.

### TREATMENT.

The welfare and treatment of the patients in their respective spheres has made efficient progress and it may be claimed that this will be enhanced when further schemes for development of the services are permissible.

### HEALTH.

The general health of both patients and staff has been good. At Park Prewett Hospital, three cases of Flexner Dysentery occurred.

Bacteriological examination of the water supply has been made monthly and has proved satisfactory.

The sewage effluent has also been investigated monthly—on two occasions paratyphoid B bacillus has been isolated. The origin of this was determined and the necessary precautions taken.

### **OUT-PATIENT CLINICS.**

Four Out-Patient Psychiatric Clinics are in operation at the Aldershot, Royal Hants County, Odstock and Park Prewett Hospitals respectively. The importance and value of these clinics to the general well-being and health of the public cannot be overstressed and praise is due to the medical staff who so ably conduct them.

The Special Jaw and Plastic Unit had a total out-patient attendance of 2,348, the number of new out-patients during the year being 708.

### STATE AND CONDITION OF THE BUILDINGS.

(1) The Park Prewett Hospital had served the purposes of the Emergency Medical Services from September, 1939, until December, 1947, when the bed reservation in the main buildings was withdrawn. During the period of emergency maintenance of the fabric was seriously curtailed, the labour of artisan staff being diverted to work of adaptation.

During the year under review considerable work of reconstruction has taken place and several schemes for new works and improvement have been submitted to the South West Metropolitan Regional Hospital Board.

Schemes authorised and completed include 12 Refrigerators for the Villas and the Admission Hospital, re-tubing of 2 "Economic" Boilers (Rooksdown House), provision of a Car Park, furniture and furnishings for certain of the wards and Staff Quarters, and Public Address equipment for the Recreation Hall.

Schemes authorised and awaiting completion include restoration of 6 Protective Rooms, 2 Transport Vehicles, 1 80-qt. Hobart Mixing Machine, 6 Kitchen Steam Jacketed Pans, 2 Gas Ovens, and replacement of the Economiser (Main Buildings).

The Committee has under consideration a scheme for the modernisation of the Laundry Buildings, provision of a Central Linen Store and replacement of certain machinery and equipment of that department.

Two additional Farm Cottages have been allowed in Estimates as also extension of Steam Heating Services to Villas and the Nurses' Home.

- (2) Schemes submitted to the Regional Hospital Board relating to Rooksdown House include 2 Hutments for X-Ray and Photographic Department, Covered Way and Garage and provision of special equipment, adaptations to Theatre Block, Dental, Library, Physiotherapy Department and Emergency Ward, additional Children's Ward, and road reconstruction to enable an extension to bus facilities. Negotiations are taking place for the transfer of the electricity load to the grid system of the British Electricity Authority.
- (3) The Wimble Hill House and Kingsclere Infirmary buildings both require considerable repair work and redecoration.

The buildings of the former Unit are generally in a dilapidated state and the Committee are investigating this matter, as also the obsolete and dangerous condition of the electric wiring.

### (4) BASINGSTOKE INFECTIOUS DISEASES HOSPITAL.

The Administrative Quarters of this Hospital were taken over to accommodate certain of the nursing staff (Rooksdown House). The Ministry has since agreed that the whole of these premises be taken over for the purpose of conversion to Nurses' accommodation.

### (5) TANGIER HOUSE, WOOTTON ST. LAWRENCE.

The Ministry of Health acquired these premises for adaptation as a Nurses' Home for the Rooksdown House personnel and a sum of £10,600 for furnishing and equipping was included in Estimates. The premises have not yet been taken over.

### OFFICIAL VISITS.

Two Commissioners of the Board of Control, J. C. Rawlinson, Esq., and Dr. I. Wilson, visited the hospital on 1st and 2nd November, 1948.

The Committee were pleased to note the very favourable comments made in the Commissioners' report.

Mrs. Winder, the representative of the Official Solicitor, visited the hospital on 19th March, 1948.

Commander J. H. Tennyson visited the Service Patients on behalf of the Ministry of Pensions on 20th April, 1948.

### FARM AND GARDEN.

The Farm and Garden crops were generally up to standard and every endeavour has been made to maintain a continuity of supplies to the hospital.

Root vegetables have been supplied to Wimble Hill House and the Kingsclere Infirmary, and it is hoped during the coming season to add to these supplies by other fresh vegetables.

The herd of Shorthorn Dairy Cattle has been subjected to the official test of the Ministry of Agriculture and Fisheries Tuberculosis (Attested Herds) Scheme and was registered as an Attested Herd on 9th September, 1948.

### GENERAL.

The Hospital Management Committee have been impressed by the strenuous efforts made to increase the facilities available for the welfare and treatment of the patients. It reflects to the credit of the Officers and Staff that the kindness and understanding with which they have carried out their duties, particularly during the post-war period, is so admirably portrayed in the contentment and happiness which prevails.

The Committee express their appreciation and thanks to the principal officers of the several departments for the efficient and enthusiastic manner in which their duties have been performed.

Signed on behalf of the Hospital Management Committee at a Meeting held on 2nd May, 1949.

R. P. CHESTER,

Chairman.

### PARK PREWETT HOSPITAL

### ANNUAL REPORT OF THE PHYSICIAN SUPERINTENDENT

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of this Hospital for the year ended 31st December, 1948.

It has been a year of considerable reorganization. The E.M.S. ceased occupation (excepting Rooksdown House) on 31st December, 1947, which made it possible for the opening of more wards and a better classification of patients. Great credit is due to Officers and Staff of all departments — administrative, clerical, engineering, nursing, gardening — for the rapidity with which the wards and gardens were restored to use. The tasks of taking inventories, checking and transfer of E.M.S. stock, issuing new stock, redecoration, shifting furniture from and to wards, tidying the gardens and so forth, were set to with a will by all concerned. The whole hospital is now occupied, though for a number of reasons not all the wards are in use for patient accommodation. Until O.T. hutments are obtained, the Laurels must remain as an occupational centre. The Shrubberies, which could accommodate 40 patients, is still occupied by 12 members of the Rooksdown House staff. Owing to shortage of experienced female nurses, wards E and G were used for sleeping accommodation only, with the result that C, D, Laburnums and Woodlands were overcrowded by day to the extent of nearly 50%. Other wards still markedly overcrowded on the female side are A (35% by night) and Romany (59% by day). Most of ward K is used as a Preliminary Training School until the necessary alterations are made in Pinewood House, and its 8 siderooms are occupied by female nurses. Fourteen siderooms in H ward have been redecorated and allocated for the same purpose. The problem of accommodating nursing staff is becoming critical on the male and female sides. Thirty male nurses are already sleeping in siderooms off wards, and there are very few left vacant. The evacuation of Rooksdown House Staff from the Female and Male Nurses' Quarters would certainly help us for a while, but the increased staff demanded by the three-shift system of a 48 hour week necessitates the building of an added wing to the Female Nurses' Home, and the erection of more cottages for male married staff on the estate.

The task of reorganization has not been allowed to delay the general progressive development of the Hospital. Amongst the various works completed during the year are the following:

Conversion of original operating theatre to the Dental Clinic; conversion of original male visiting room to the Pathological Laboratory; redecoration and re-equipment of operating theatre (original female visiting room); restoration of Theatre 3 to female general bathroom; restoration of Cemetery Chapel; separate hot water taps in sanitary annexes of Pinewood House and 3 villas; acquisition of 2 more E.C.T. machines; repair of the farm road; reconstruction of the dough kneading machine; renewal of the double oven cooker in the Birches; gas main extension to Firvale and Pinewood House, and installation of one fish fryer and 2 gas cookers; redecoration of maids' quarters, recreation hall annexe and male nurses' billiards rooms. The renewal of ward and staff room furniture is in progress, and the external redecoration of houses and cottages on the estate has been commenced.

### ADMISSIONS.

According to sex and status, the figures for the direct admissions were as follows:

ю	Male.	Female.	Totals.
Voluntary	165	198	363
Temporary	5	7	12
Certified	101	102	203
	271	307	578

The total number (578) is 153 more than that of 1947, and judging by the intake during the first month will be still higher this year. The percentage of voluntary admissions has also increased from 59 to 63. There is no doubt that the improved amenities and facilities have lessened considerably the traditional fears of a mental hospital. It is difficult to estimate what the figure for direct admissions in 1949 will be, as our catchment area has been altered and the full effect of this has yet to be felt. Although we have relinquished Southampton Borough and part of Bournemouth Borough, we now have to take admissions from the whole of the Stockbridge and Winchester areas, and also from part of Wiltshire with a population of 75,000.

Classified according to areas of origin the figures for direct admissions were as follows:

Area	Male.	Female.	Totals.
Bournemouth	56	92	148
Aldershot	50	53	103
Southampton	47	26	73
Winchester	21	39	60
Basingstoke	23	32	55
Stockbridge	22	18	40
Alton	3	28	31
Kingsclere	7	3	10
Romsey	1	7	8
Lymington	1	3	4
Gosport	1	1	2
Petersfield	0	1	1
Outside S.W. Met. Region	7	4	11
Polish patients	31	0	31
Broadmoor	1	0	1

In addition there were 128 **indirect** admissions, making a grand total for the year of 706.

The population of the Hospital has grown from 1,005 to 1,202.

### RETURN OF EVACUATED PATIENTS.

There are still 242 female patients due to return, distributed as follows: Mendip Hospital, Wells, 62; Roundway Hospital, Devizes, 55; Horton Road and Coney Hill Hospital, Gloucester, 54; Tone Vale Hospital, Cotford, 52; Herrison Hospital, Dorset, 19. During the year it was possible to take back only 42 patients. Requests from relatives, who find the long journeys when visiting difficult, and complaints from Medical Superintendents concerning the stress of overcrowding continue, but as has already been explained, wards K, H and the Shrubberies cannot be opened until the situation for Nursing Staff accommodation improves. Even with all the wards opened, there will be lack of accommodation for about 40 patients.

### DISCHARGES.

Classified according to sex and status the figures were:

	MALE			FEMALE			TOTALS
	Vol.	Temp.	Cert.	Vol.	Temp.	Cert	
Recovered	48	0	14	37	0	29	128
Relieved	70	1	27	91	2	27	218
Not Improved	22	0	2	28	0	3	55
	140	1	43	156	2	59	401

Thus a total of 346 patients were discharged as relieved and recovered. Worked out on the number of direct admissions this is 60%.

### PHYSICAL HEALTH.

This has been satisfactory throughout the year. One female patient admitted with an obscure pyrexia proved to be a case of typhoid fever. There was one isolated case of Sonne dysentery in the Birches. During the month of October, 3 cases of Flexner Z Dysentery occurred in C ward; all the 63 patients were examined bacteriologically and 6 patients were found to be excreting the bacillus — some of these may have been mild sub-clinical cases. Examinations were continued until at least four successive negatives resulted.

The faeces of all returned evacuees were examined. Five typhoid carriers (two constant, three intermittent) and one paratyphoid B carrier were thus discovered, and the appropriate precautions have been taken. Bacteriological examination of the water supply, performed monthly, has yielded very satisfactory reports. The sewage effluent has also been investigated monthly. On two occasions paratyphoid B bacillus has been isolated. This was undoubtedly caused by a known carrier in the hospital and her mental state was such for a while that disinfection of excreta was not always possible. Instructions were issued that the effluent should not drain into land where vegetables for raw consumption are grown.

One surgical and 5 pulmonary cases of tuberculosis were considered active at the end of the year. Another 15 male and 3 female patients and 5 staff who are inactive are reviewed regularly.

Of the 64 deaths, 41 (63%) were of the age of 60 years and over. The death rate works out at 5.6%; this is considerably lower than that of 1947 (7.5%).

The chief causes of death were: Diseases of the circulatory system, 23; Bronchopneumonia, 6; Lobar Pneumonia, 5; Pulmonary Tuberculosis, 4.

The satisfactory general health and the freedom from major epidemics are considerably due to the good dietary, which has been sustained at a high standard through the strenuous efforts of Mr. Hales.

### INQUESTS.

Six were held during the year. One patient died of multiple injuries sustained by throwing himself under a bus, one of asphyxia due to strangulation, and one of cardiac failure following an overdose of soneryl before admission. The other three require no special comment.

### OUT-PATIENT CLINICS.

The work performed at the Psychiatric Clinics by the medical staff of this hospital is one of the most important contributions to the mental health service of our area. Cases of neurosis and psychosis have the opportunity of being treated in the earlier stages of disease, when the possibilities of cure are much more favourable. Psychotherapy, which includes techniques of narcoanalysis and hypnosis, is applied to the neurotics who form the great majority of attendances; electro-convulsive therapy is given to certain types of psychoses (severe depression, melancholia) at the Pinewood House Clinic. Hospitalization is thus avoided in many cases that present themselves. In some instances, however, where for example insulin shock therapy is indicated, the patient has to be admitted, and the fact that he has been examined by psychiatrist of the hospital in whom he has developed confidence, facilitates admission on a voluntary basis. The Clinic thus forms an important link between the general practitioner and patient on the one hand, and the hospital on the other.

The figures of attendances were as follows:

		Total	
Clinic New	w Cases	Attendances	Officers in Charge.
Pinewood House	86	373	Drs. Atkin, Slorach,
			Kent and Todd.
Aldershot Hospital	50	165	Dr. Slorach.
Royal Hants County			
Hospital	36	234	Dr. Atkin.
Odstock Hospital	2	11	Dr. Slorach.

The Aldershot Clinic, which was inaugurated on 23rd June, has developed very successfully and another session is urgently required, but unfortunately the extra accommodation is not available at present. Dr. Slorach has been appointed Honorary Physician in Psychological Medicine to the Aldershot Hospital. He also holds a session at St. Bartholomew's Hospital, where he is Hon. Associate Chief Assistant to the Psychosomatic Dermatological Department.

The Odstock Clinic, which was opened on 6th September, has not proved successful, partly because another well-established clinic is held there, partly because of unsatisfactory accessibility. I have suggested its transfer to the Salisbury General Infirmary.

The Royal Hampshire County Hospital Clinic also requires another session to cope with long-term psychotherapy effectively, but the extra accommodation is not available at present..

By arrangement with the County Medical Officer of Health, Dr. Todd works at the Basingstoke and Dr. de Zilwa at the Aldershot Child Guidance Clinics.

### PATHOLOGICAL LABORATORY.

The pre-war laboratory was inconveniently situated and not large enough for the needs of the hospital. The two rooms concerned have been converted into clerical offices, and what used to be the male visiting room has, after various alterations and decorations, been equipped as the new laboratory.

Mr. Napier, F.I.M.L.T., was appointed Laboratory Technician on 1st June, and Mr. Malinowski as Student Technician on 4th October. Work commenced on 22nd June, and 1,130 items were examined in the six months. A summary of the more important investigations reads as follows:

Ba	cteri	olo	gica	l.
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Faeces culture	244
Urine culture	113
Sputum, faeces, urine for T.B	24
Throat swabs	9
Vaginal swabs	7
Blood and C.S.F. cultures	4
Biochemical.	
Blood sugar	18
Blood urea	21
Icteric Index	7
Van den Bergh	2
Urine urea	3
C.S.F. Protein	8
	•
C.S.F. Chloride	1
Occult blood	3
Histological.	
Sections	3
Faeces for worms, etc.	8
Haematology.	
Blood counts	105
Sedimentation rates	79
Grouping	
Matching	8
Bleeding time	1
Coagulation rate	1
Platelet count	1
ratelet count	1

The typhoid and paratyphoid carriers had been examined bacteriologically at regular intervals and were found to be persistently excreting. Treatment with cultures of lactabacillus acidophilus has been tried, without success so far.

Thirty-one post mortem examinations were performed (in 63% of the deaths).

There has been difficulty and delay in obtaining some equipment, particularly an inspissator, colour comparator and Kahn shaker are still lacking. When fully equipped the work performed will be enhanced, but Mr. Napier is to be congratulated on having made an excellent beginning.

Our thanks are due to the Rooksdown House Laboratory and the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester, for performing urgent examinations prior to the opening of our own laboratory. To the Director of the latter laboratory, Dr. Mackenzie, I am much indebted for expert advice on the identification of rare and atypical micro-organisms.

### X-RAY DEPARTMENT.

Miss Bushnell commenced duties as Radiographer on a sessional basis on 13th January, and Dr. Roberts as Radiologist visits fortnightly. Amongst the routine investigations are included radiography of the chests of all newly engaged staff, and of all inactive cases of phthisis at three monthly intervals. Reports have been of special value in the examination of patients prior to shock treatments. A brief summary of the work performed in this department is: Radiographs taken, 1,500; screenings, 26; barium meals, 20; other investigations, 3.

### SPECIAL FORMS OF TREATMENT.

Narcoanalysis, hypnosis and hypnoanalysis are extensively used in the investigation and treatment of the neuroses; electroshock in melancholias and endogenous depressions; insulin shock therapy, sometimes combined with electro-shock, in the schizophrenias; prolonged narcosis or subcoma insulin in certain states of excitement, agitation and anxiety. Intensive penicillin followed by malaria was given to 3 cases of dementia paralytica, of whom 1 was discharged relieved.

Dr. de Zilwa has organised an extra insulin unit (intravenous technique) in M.4 ward which has relieved somewhat the overcrowded unit in Pinewood House.

Dr. Slorach administered E.C.T. with curare in 9 cases where strong muscular contractions were contraindicated.

Dr. Kent has experimented with the pragmoline treatment of schizophrenia.

Eleven patients had the operation of prefrontal leucotomy performed by Mr. Wylie McKissock. In judging the results one must bear in mind that these patients had already received convulsive and insulin shock treatment without any permanent benefit resulting, and that, in the ordinary way, they would be regarded as incurable. Although the numbers are too small for statistical purposes, an analysis in some detail is interesting:

(1) Five were schizophrenics of 2, 5, 8, 13 and 15 years'

duration. They were selected because of aggressive and violent behaviour and because dementia was not markedly in evidence. Four of the five have shown varying grades of improved behaviour, and are much more amenable from the nursing point of view.

- (2) Two were chronic melancholias of 4 and 6 years' duration. The agitational features of their illness were considerably receded.
- (3) Two were of subnormal intelligence, addicted to frequent bouts of violence and destructiveness. One has become a model of good behaviour, the other showed similar promise but unfortunately died of a cerebral haemorrhage.
- (4) Two suffered from obsessive-compulsive symptoms (16 and 5 years' duration) and are perhaps the most instructive. One had already had a previous leucotomy performed without any benefit; the cuts as shown by wires which had been left in situ appeared to be too anteriorly placed. After the second operation this patient lost his obsessional symptoms and considers himself cured. But apathy has resulted, which as yet has disabled employment.

The second patient is much less tense, and is objectively improved, but still complains of some subjective symptoms.

It is too early yet to judge the long term results, but the impression one gets is that, if the cut is too far forward, the symptoms are not sufficiently effected; if too far back, the symptoms recede but at the expense of emotional liveliness and drive.

### DENTAL DEPARTMENT.

Dr. K. L. Peter, who commenced duties as Dental Surgeon on 8th January, had to terminate his services at the end of the year. His patience and good approach with psychotics and his painstaking work were much appreciated by both patients and staff. The number of attendances at the Dental Clinic during the year were 1,394. A summary of the work performed is as follows: Fillings, 650; dentures inserted or repaired, 32; other treatments, 672; extractions under local anaesthetic, 414; theatre work, 98 patients, including 25 operations and 588 teeth extractions, under general anaesthesia. Five sessions a week were held.

Mr. Donald was appointed to commence duties on 30th December, for two sessions weekly, but it is doubtful whether this will give sufficient time for the work demanded.

### SOCIAL WORKER'S DEPARTMENT.

Mrs. Wade continues to perform very valuable work in many ways. She gives interviews in her office at the Hospital to deal with all sorts of minor worries and troubles of the newly admitted patient, and also sees convalescent cases referred by the medical officers regarding placement in suitable employment. Reports of home conditions are furnished prior to the patient's discharge and

a systematic after care scheme has been organized so that cases are followed up. The distances in our very scattered catchment area are so large that individual visits by the Social Worker would be quite impractical except where a difficult problem is involved. However, Mrs. Wade has been able to obtain the co-operation of the W.V.S., Forces Help Society and S.S.A.F.A. representatives all over the county, so that no cases are overlooked. Mrs. Wade also sees ex-patients in her office at Basing-stoke, and altogether the great value of her department is proved by the numerous letters of appreciation received for the help and advice given.

A scheme was started whereby convalescing patients are given employment in the vicinity for a trial period of about a month whilst still residing at the hospital. This has proved very useful, and of 9 cases, 7 were successfully rehabilitated in this manner. The opening of more clinics and the inauguration of the County Preventive Mental Health Community Centres, at which Mrs. Wade will hold two sessions, has increased her work to such a degree that at least one more social worker is required.

Our thanks are due to the help of Madame Nowotna in dealing with the 28 male Polish patients; to Mrs. Treadgold of the Southampton Mental Welfare Association, Mrs. Waterman of Knowle Hospital, Miss Buckland of the Royal Victoria and West Hants Hospital, and Mrs. Tregillus of the National Association for Mental Health, for reports on patients distantly domiciled; and to the many Probation Officers for their co-operation in dealing with difficult probation cases.

### PINEWOOD HOUSE SOCIAL CLUB.

Dr. Slorach inaugurated this Club in the reception unit and it has developed very successfully. The chief aims are to improve sociality, which is so often lacking in neurotics; to correct inferiority feelings; to afford opportunities for many forms of self expression; and to foster an increased sense of responsibility. The weekly programme, which includes whist drives, dances, quizzes, gramophone recitals, table tennis tournaments, rambles and so forth, is organized by a Committee of patients, independent of the Staff, who, however, are always ready to give advice and help. Breaches of discipline are dealt with by the patients themselves. When discharged, patients inform me that the Club has helped them considerably towards making a recovery.

### OCCUPATIONAL THERAPY.

Miss Yates commenced as Assistant Occupational Therapist on the 12th January, and subsequently obtained the dual qualification of the Association of Occupational Therapists. Miss Spence resigned for another post on the 23rd December, and Miss Armstrong, who possesses the South African Diploma in Occupational

Therapy, commenced duties on the 6th December. There is no doubt that we are understaffed in this Department, as many patients, particularly the chronic type, require a considerable amount of persistent individual attention and encouragement. It is hoped to appoint a Head Occupational Therapist in the near future and this will relieve the Assistants of much administrative work. A third Assistant Occupational Therapist and part time crafts instructors are needed.

A patient has a fair choice of occupation in accordance with his intelligence, artistic taste, mood, temperament and powers of concentration. He can utilize such materials as silk, wool, cotton, cane, raffia, macramé, papier maché, coir, wood, felt, leather; work with the simplest of table looms or with a four pedal foot power loom; produce a comparatively trifling toy or the most complicated tapestry work. There cannot be too many varieties in this Department, and the introduction of ceramics and metal work would be a most valuable addition.

Amongst the more popular completed productions are included:

Rugs 200; Baskets 20; Toys 100; Lampshades 10; String belts 50; Scarves 75; Embroidered articles 660; Stools 68; Leather articles 350.

Many useful repairs which have helped in hospital maintenance were also performed.

An assortment of articles was tastefully displayed on one of the stalls at the Southampton Exhibition of Handicraft Work held in June.

The percentage of patients practising the various arts and crafts is 13. In addition many patients are occupied on the farm and gardens, in the various utility departments and in domestic work; the total percentage occupied is 57. Both these figures should be improved upon.

### RECREATIONAL THERAPY.

The main items organized during the year were:

Football and Cricket matches 42; Hockey 17; Badminton 69; Dances 46; Whist Drives 9; Cinema 26; Social Evenings 5.

There were four outings for male patients to watch County Cricket matches — at Southampton, Aldershot, Portsmouth and Bournemouth. Parties of female patients had seaside outings to Bognor, Worthing, Milford and Hayling Island. Other outdoor sports enjoyed were bowls, deck tennis, croquet and lawn tennis. The usual indoor games — billiards, table-tennis, darts, etc., are available in many of the wards.

The farm workers much appreciated an outing to the Salisbury Agricultural Show.

The Annual Fete and Sports, held on the 24th June, was quite a success. Over 770 patients, nearly 70%, were out on the Recreation Field.

The Christmas Festivities this year included an excellent Staff Variety Concert directed by Dr. Kelsey. The Fancy Dress Ball showed some of the best costumes for many years.

Wood's Variety Troupe gave two enjoyable performances on

the 3rd April and the 30th October.

In general the ideal of maximum freedom possible is encouraged. All the railings round Pinewood House have now been removed, and this reception hospital is run as a completely open unit. Another 11 wards are similarly open, and in addition a further four wards are open to their gardens; over 760 patients (63%) are able thus to appreciate greater freedom. The windows of seven wards have been unblocked. Nearly 25% of the total population enjoy the amenities of ground or extended parole.

### ART THERAPY.

25th November.

23rd December.

The monthly musical recitals arranged through the Council for Music in Hospitals have continued to serve important educative and recreative needs. The programme for the year was as follows:

Date	Artistes
29th January.	Harvey Alan (Baritone) and Ivey Dickson (Pianist).
26th February.	Beatrice Gibson (Contralto) and Hubert Greenslade (Pianist).
25th March.	Vaughan Tremayne (Baritone) and Mabel Lovering (Pianist).
29th April.	Jean Merlow (well-known New Zealand Pianist).
27th May.	Teresa Corley (Contralto) and Hubert Green- slade (Pianist).
23rd June.	Mary Bonin (Soprano) and Daphne Ibbott (Pianist).
29th July.	Dale Smith (Baritone), Doris Cowen (Contralto), and Hilda Bertram (Pianist).
26th August.	The Alazan Trio: Gordon Fox (Violin), Laurence Reeve (Pianoforte), and Jem Mer- chant (Cello and Baritone).
30th September.	Paul Hamburger and Helen Pyke (Double Piano Recital).
28th October.	Dale Smith (Baritone), Doris Cowen (Con-

slade (Pianist).

(Pianist).

tralto), and Hilda Bertram (Pianist).

Eleanor Warren (Cello) and Hubert Green-

John McKenna (Tenor) and Margaret Norman

Charge Nurse Bowen, as last year, gave nine gramophone recitals to the Pinewood House Social Club, and these were much appreciated. Dr. de Zilwa arranged an Art Studio in one wing of the Laurels, and has encouraged free expression through the media of drawing and painting. Quite a number of interesting works were produced, particularly by schizophrenic patients, and unsuspected talent has been brought to light. The W.V.S. sent two members for a time to help in teaching the elements of drawing. Under the auspices of the British Red Cross Picture Library Scheme, lectures on various aspects of painting have been given by Mr. Clare throughout the year, illustrated with an epidiascope. Reproductions of classical paintings were loaned for exhibition. The programme for the year was:

30th January.
3rd March.
30th September.
4th November.
2nd December.
Dutch School of Art.
French Art.
Italian Painting.
Italian Painting.
Italian Painting.

The Donna Roma Ballet gave a performance on 16th October. This was quite a new venture for us, and the patients proved highly appreciative.

Dr. de Zilwa also organized a Dramatic Group, which has been affiliated to the British Drama League. Regular play readings take place. The play "I'll Leave it to You" (Noel Coward) and a variety show were produced successfully, and much appreciated by a large audience. Dr. Kelsey and Miss Armstrong have taken over direction of what we hope will be a permanent feature of the patients' social life in the hospital.

### RELIGIOUS SERVICES.

Regular services are held by the Rev. Fraser-Bowen, Father Levey and the Rev. H. G. Kelley.

The Church of England Services on Sunday mornings have shown a steady increase in attendance, as many as 350 to 450 being generally present. These are still held in the Recreation Hall, but it is hoped to convert the Maycrete hut into a temporary Chapel. A recommendation for the building of an adequate Chapel has been made in the Estimates. We are indebted to a Church Society for helping in the furnishing of the redecorated Cemetery Chapel.

The Roman Catholic Staff, which now numbers over 80, have had the opportunity of celebrating Holy Mass every Sunday. Father Levey gave a series of lectures on the "Doctrine of the Catholic Church and the Modern Problems with which a Catholic is faced to-day."

Non-Conformist services are held regularly every Thursday afternoon.

To all the Chaplains I am indebted for co-operation in the cases of patients who are worried by religious problems.

### LIBRARY.

By the judicious selection and accurate classification. frequent renewals, and the enthusiasm of the Librarian (the Rev. Fraser Bowen) behind it all, the Library can justifiably be said to have performed a function of "bibliotherapy". During the year the numbers of books issued per month have increased sixfold, and now over 1,000 of the 5,000 volumes are in continual circulation. Patients are encouraged to come to the Library to exchange books, as this affords an opportunity for helpful personal contacts and discussions. Allocations of 20 to 40 books are sent to the various ward bookshelves so that a patient is never at a loss for something to read. The staff, both British and Continental, have also appreciated the use of the Library — over 3,500 books were issued to them. In all there were over 10,000 exchanges of books during the year, and it is noteworthy that only 76 books were damaged beyond repair. A patient performs valuable work as Assistant Librarian and with other interested patients has helped to repair over 2,000 books.

We are indebted to the British Red Cross for exchanges of parcels of books, thus rendering the collection more varied and up-to-date; and for a free gift of 500 volumes.

The present quarters are becoming rather cramped, and a large reading room would be a valuable asset.

### DISPENSARY.

The continued use of the central dispensary by Rooksdown House has necessitated the engagement of an assistant (Miss Collin) to Mr. Jones.

### OPHTHALMIC SERVICE.

We are indebted to Mr. Rycroft and Dr. Romanes of Rooksdown House for examining and advising concerning many patients referred by the assistant medical officers.

### CHIROPODIST.

Mrs. Slinger has continued a regular session on Mondays. A total of 430 foot treatments was given during the year.

### CONSULTING STAFF.

The following were appointed:

Hon. Tuberculosis Officer: B. L. Lloyd, Esq., M.B., Ch.B., D.P.H.(Manch.).

Physician: H. S. Le Marquand, Esq., M.D., F.R.C.P. (London).

Surgeon: James Troup, Esq., M.B., Ch.B.(Manch.), F.R.C.S. (Edin.).

Orthopaedic Surgeon: G. N. Golden, Esq., M.B., B.S., (Lond.), F.R.C.S.(Eng.).

E.N.T. Surgeon: Gordon Midgley, Esq., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.L.O. (Eng.).

Mr. Troup performed 14, Mr. Rubin 3 and Mr. Golden 5 major operations during the year.

Dr. Lloyd visits weekly to examine doubtful cases of tuberculous infection, reviews the inactive cases and induces pneumothorax when required. He has also given helpful demonstrations of hypnotic technique.

### MEDICAL STAFF.

The full time resident medical staff at the end of the year was:

Deputy Physician Superintendent: Dr. Slorach.

Assistant Psychiatrist: Dr. Kent.

Assistant Medical Officers: Drs. Jones, Todd, de

Zilwa and Kelsey.

House Physician: Dr. Fife.

A total of 11, to include 3 of the rank of Physician, and 3 of the rank of Assistant Physician, has been recommended for the present population and rate of admission.

Dr. O'Neill has been on sick leave since the 12th August. He battled nobly against a difficult illness and has all our sympathies.

Dr. Kent was appointed to the grade of Assistant Psychiatrist by the Regional Board, and Dr. Atkin was appointed Consulting Psychiatrist to Crondall Institution and Kingsclere Infirmary.

Dr. Todd passed Part I. of the London D.P.M.

A Psychiatric Reference Library consisting of essential text books and periodicals has been organized, and will prove very useful for study and research.

Clinical Meetings are now held weekly. Obscure and interesting cases are presented, and the problems of diagnosis and treatment fully discussed. In particular all recommendations for leucotomy are considered, and reviewed after operation. These meetings have proved of great interest to all the staff and have been of teaching value for the D.P.M. candidates.

A Medical Staff Committee held its first meeting on the 28th September. Dr. Todd was elected Chairman and Dr. de Zilwa Secretary. Its monthly meetings have yielded helpful suggestions to improve the organization of treatments.

### NURSES' TRAINING SCHOOL.

Mr. A. Hopwood was appointed Tutor and has organized in a most efficient manner a Preliminary Training School in K Ward for the time being — the permanent rooms are being prepared in Pinewood House. Most of the essential equipment has been acquired, including the nucleus of a library and an epidiascope. As many of the newly-engaged staff as could be spared from the wards were given an 8 weeks' intensive course which included 136 lectures, as well as demonstrations and visits to various hospital departments. Subsequently systematic courses of lectures were given by the Tutor and by various medical officers (Drs. Slorach, Kent, Todd, Jones, O'Neill and de Zilwa) for the R.M.P.A. and State Examinations. The following is a list of successful candidates:

Preliminary State Examination: Male Nurses Buckley, O'Reilly, Brosnan, Gillooly, Mott and Noone.

R.M.P.A. Preliminary Examination: Male Nurse Cusack.

R.M.P.A. Final Examination: Male Nurse Stubbert.

### NURSING STAFF.

The difficulty in obtaining British nurses, especially on the female side, continues without any impending signs of amelioration. It was, therefore, decided to engage foreign nurses, be it directly from abroad or from displaced persons' camps. A good knowledge of English was not demanded, and teachers have been appointed to give lessons three times weekly. A total of 50 female foreign nurses were engaged, of whom 8 resigned. In addition 17 British nurses were engaged, and 16 resigned. On the male side 30 (9 foreign) were engaged and 21 left. The numbers in service at the end of the year read as follows, the figures in brackets indicating those certificated:

	Male		Female		
Full time	 100 (58)	• • •	89 (16)		
Part time	 0	• • •	39 (7)		

The position on the female side is by no means as favourable as the gross figures would suggest. On the male side, 58% are certificated; on the female side only 10% — and no increase of numbers of student nurses can equate one fully experienced qualified nurse. The shortage on both sides has been somewhat relieved by the employment of orderlies and maids to perform the more purely domestic duties.

The foreign nationalities now employed include French, Norwegian, Latvian, Estonian, Polish, Jugoslavian, Belgian, Hungarian, Swiss, Ukrainian and German. It must be admitted that the language problem proves a headache at times, but in spite of this and other associated difficulties, we must be grateful for this influx, for, without them, we should not have been able to open up the female wards so rapidly.

In November a 48 hour week was introduced, working three shifts on the male and two on the female side. A certain amount of overtime, accepted on a voluntary basis, is however necessary on the male side — about another 25 nurses must be engaged before this can be obviated. To work a three shift system on the female side when all the wards are fully opened would require at least 30 more nurses, of whom a large proportion must be certificated.

Miss McConochie, who was promoted to Assistant Matron, resigned to take up a post in Portsmouth. Sisters Watkins and Whitcher were promoted to Assistant Matrons, Mr. Orpe to Senior Assistant Chief Male Nurse, and Mr. Messer to Night Superintendent. Sister Dowling and Deputy Sister Baker resigned to take up a course of general training. We were very sorry to lose their services, and hope they will be able to work with us again.

Charge Nurse Guy and Night Charge Nurse Randall, who had served the Hospital well for many years, retired on pension, and our best wishes go with them.

Every effort is made to render the life and work of nurses happy at this Hospital. Arrangements for teaching and training have already been mentioned. The redecoration and refurnishing of their quarters is well in progress. The recreation hall annexe will be furnished to function as a staff common room.

The Staff Social Club Committee has worked hard to organize a varied monthly programme of dances, badminton and table tennis matches, social evenings, whist drives and outings to London. We are indebted for the successful development of the Club to the great interest taken by Dr. Slorach and to the very hard work of Mr. Lorimer. The staffs of Rooksdown House, Crondall Institution and Kingsclere Infirmary have been invited to all the privileges of membership of the Club.

A special cinema performance for all the staff is now given regularly on Tuesday evenings at 8.30 p.m. throughout the winter season.

A Nurses' Council was inaugurated at the beginning of the year and its meetings have proved most helpful in suggesting improvements of the amenities for the resident staff.

### OFFICIAL VISITS.

19th March. Official Solicitor's Representative — Mrs. Winder.

6th April. Southampton Mental Deficiency Committee.

20th April. Ex-Services Welfare Society—Commander Tennyson.

5th July. The Chairman and Senior Administrative Medical Officer of the Regional Board.

1st and 2nd Commissioners of the Board of Control — Mr. November. Rawlinson and Dr. I. Wilson.

### CONCLUSION.

The many letters of appreciation that I continue to receive from ex-patients and their relatives and the steadily increasing admission rate are sufficient proof that this Hospital has been reorganized in accordance with modern needs and is serving the public well. Again I wish to thank the Officers and Staffs of all departments for their co-operation in a very heavy year's work. Shortage of staff has created difficulties for all Officers; the Matron has undoubtedly suffered most in this respect, but nevertheless has been successful in a most praiseworthy manner. The heaviest administrative burden has fallen on Mr. Hales, who undertook the combined duties of three posts — Secretary, Finance and Supplies Officer — and has remained unperturbed throughout. Later in the year two more units were added to this Hospital group — Crondall and Kingsclere. To Dr. Slorach I am indebted for much valuable help in medical administration, and to all the Assistant Medical Officers for their high standard of psychiatric work.

The Hospital was fortunate in retaining many experienced members of the Visiting Committee in the newly constituted Management Committee.

To you, Sir, and the Members of the Management Committee, I wish to express thanks for continued support and for an unfailing enthusiasm in the progressive development of this Hospital.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

I. ATKIN,
Physician Superintendent.

February, 1949.

### PLASTIC AND JAW UNIT ROOKSDOWN HOUSE

### ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the following report of the activities of this Hospital for the year ended December 31st, 1948.

The number of in-patients who received treatment during the period under consideration was 1,258, with an average length of stay in hospital of 28 days.

The total bed complement is 160, of which 15 beds are held in reserve.

The average daily number resident was 99.

The total out-patient attendances were 2,348, the number of new out-patients being 708.

The number of major operations performed during the year was 1,331.

Though serving mainly the needs of Hampshire, Southern Wiltshire and Dorset, patients are referred to Rooksdown House from all parts of the British Isles, and many are referred from foreign countries.

Emergency admissions come mainly from Aldershot, Portsmouth, Southampton, Winchester and Salisbury districts. Such admissions amounted to 150 in the year under review. Of these

60 were burns;

48 jaw cases;

42 other fractures and general plastic injuries.

Recent American research and investigations have revolutionised the treatment of burns and the most up-to-date methods adopted in that country, though not altogether new to us, are now routine in this unit. Briefly summarised — fluid loss from tissues is controlled by pressure dressings, plaster being used where necessary, this combined with local application of "tulle gras", penicillin cream, etc., and early surgical interference.

Saline bath treatment has been almost completely superseded with uniformly good results.

The tempo (of a special unit of this type) is governed very largely by the theatre out-put. This is a "bottle-neck" from the turnover point of view and reflects the strength of plastic surgeons available, hence during periods of leave, sickness, etc., of these

specialists, there is an immediate falling off in the number of inpatient admissions.

A large and increasing amount of training has taken place, the following courses being scheduled:

12 month course of Plastic Surgeons (British and Foreign). Short course for Plastic Surgeons (British and Foreign).

One day per month course for Final Fellowship, Surgery.

Courses for Dental Surgeons: Initial, Senior and Advanced for Fellowship.

2 day dental courses, five weekly, for Army dental surgeons.

2 monthy courses for senior Army dental surgeons, up to two taken.

Intensive anaesthetic course, one day, six monthly.

Courses for R.A.M.C. orderlies — continuous 3 month course for 6 orderlies.

The work of the hospital has been carried out under increasingly trying conditions during the year.

Owing to financial stringency the new buildings for X Ray and Photographic Departments, approved by the Ministry of Health prior to the coming into force of the National Health Service, have not yet been provided and there is overcrowding in most rooms and departments. Theatres are leading off the main hospital corridor and almost impossible to keep surgically clean, and wards urgently require repainting. Despite these difficulties the spirit of the place has remained alive and the patients and staff happy.

A Rehabilitation Officer was appointed in September and in his first three months had already succeeded in bringing help to many patients and ex-patients, e.g., finding suitable employment, gaining compensation, improving housing conditions, etc.

Two transport vehicles were loaned by the Red Cross, but one of these was temporarily withdrawn in the late summer and has not yet been replaced. These vehicles are much appreciated by the patients and are in constant use when available. Parties of patients attend football matches regularly at Portsmouth and Southampton on alternate weeks in the football season, and Souhampton is visited for cricket matches in the summer. Patients also attend race meetings at Ascot. All these outings are by invitation and are free of cost. River outings, picnics and theatre parties, including occasionally a trip to London, are also attended by patients in Red Cross transport.

At the invitation of the Swiss Red Cross, 22 of our patients enjoyed a five week holiday at Weggis, on Lake Lucerne, in the summer, all expenses being paid, including return air passage.

Tangier House, Wootton, was taken over in December, 1947, by the Ministry of Health for conversion into nurses' quarters for Rooksdown House. After sundry delays the work was finally put in hand in the summer of 1948, but the building has not yet been handed over by the Ministry of Works. It has been suggested that this house, so ideally situated, be now used for convalescent and rehabilitation purposes, but no decision has yet been reached regarding the use to be made of this property.

The Nurses' Home of the Isolation Hospital, Basingstoke, was handed over to this unit for nurses' accommodation in September, and occupied by nine Sisters and Nurses on the 16th of that month. The wards of this hospital were later handed over and conversion of these for extra nurses' accommodation is under consideration.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

A. E. PANTER,
Air Vice Marshal (Retd.).,
Medical Superintendent.

### REPORT OF THE COMMISSIONERS OF THE BOARD OF CONTROL

### PARK PREWETT MENTAL HOSPITAL 2nd November, 1948

Our visit to this Hospital has been of great interest and it is encouraging to see that progress wherever practicable is being made, and that keenness amongst all the members of the staff was noticeable. The chief handicaps which this Hospital has to contend with are the shortages of senior members of the nursing staff, particularly on the female side. The patients were quiet and contented and their relations with the staff appeared to be very good.

This Hospital has now had returned to it all its wards and villas with the exception of Rooksdown House which, before the war, accommodated some 50 patients of each sex. The figures depicting the accommodation available for patients show a surplus of accommodation, but for various reasons there is in fact in practice some overcrowding on the female side. If there were more senior members of the female nursing staff Dr. Atkin, the Medical Superintendent, thinks he could open up at least two more wards or villas. The classification of patients, however, on both sides of the Hospital, is comparatively good.

The names of 1,185 (646 male, 539 female) patients appear upon the statutory books. All, with the exception of one, were in residence. There are 539 female patients and 646 male patients: all the male patients who were evacuated from this Hospital during the war have now returned. Some of the evacuated female patients have also returned, but there still remain roughly some 246 in various mental hospitals throughout the country waiting to be received back here.

The Hospital buildings can be put into two classifications roughly of equal proportion in accommodation, namely the Admission Unit together with a number of villas and the Main Building. Throughout our visit we were impressed by the cleanliness and the tidiness of the various day rooms and dormitories in both sections of the Hospital. Quite a substantial amount of improvements and additions had been carried out. The following are some of the examples:

Increased medical facilities, which will be referred to later. The opening of two female wards, and such things as hot water taps installed in the sanitary annexes at the Admission Unit.

A Patients' Social Club has also been instituted in the Admission Unit. Of the works in progress are the renewal of the furnishings for both patients and staff in their respective accommodation. The female domestic workers' quarters are being redecorated.

We had the advantage of discussing both with Dr. Atkin and Mr. Hales, the Secretary, Finance and Supply Officer, the various projects for the future. Among the items on a progressive programme of additions and improvements which are contemplated the following are of interest:

Steam services are to be laid on to 6 patients' villas.

The external redecoration of the whole Hospital is to be put out to contract.

The internal redecoration of the Hospital it is proposed to get well in hand during the winter months.

To erect 2 farm cottages.

To erect 4 huts for occupational therapy.

To generally improve the nurses' existing accommodation for both sexes in relation to their sanitary facilities, and later to build a wing to the Female Nurses' Home to accommodate approximately 50 nurses, and to build 24 staff cottages for married male nurses.

There is a small library and there is a shop canteen: we discussed with Dr. Atkin the possibility of providing a café canteen, a library in which patients could sit and peruse their books, and the provision and situation of accommodation for a Patients' Social Club for the main building, together with a female hairdressing saloon. Most of these matters were already in the mind of Dr. Atkin. The accommodation for male nursing staff who live in, even when modernised, may not be all that is desirable. The modernisation of the wards at the main building where necessary we understand is under active consideration.

A feature of this Hospital is the freedom given to a large number of patients and there are 10 male and 7 female wards or villas which are either open to their gardens or to the whole Hospital grounds. 154 (106 male, 48 female) patients have parole within the estate and a further 142 (75 male, 67 female) patients have the further privilege of going beyond its boundaries. The rewards for patients, which range from 6d. to 6/- per week, have just been reviewed, and the question of the amount of pocket money to be given to those who are not capable of any work is to be decided on very shortly. At the moment the Social Club for patients is at the Admission Unit, but some selected patients from other parts of the Hospital can go there. The Hospital is so built that distances between various parts of it are considerable. We discussed the question of a small branch of the canteen being

established at the Admission Unit. Two motor vehicles are on order to help the transport of staff and articles throughout the estate.

The W.V.S. have attended this Hospital and we understand that they give active support to the follow-up of the welfare of patients leaving the Hospital in co-operation with the Social Worker. The British Red Cross Society also give their assistance to this Hospital with their Picture Library Scheme.

There are 4 main meals per day and light refreshments in mid-morning and mid-afternoon for certain patients. The dietary is good and well varied and the patients said they appreciated their meals. The appearance of the patients was neat and tidy, a large proportion wearing their own clothes. It was obvious that care on both sides of the Hospital had been given to these matters.

During the year 1947 the direct admissions numbered 425 (223 male, 202 female). A large proportion were received here under the provisions of the Mental Treatment Act 1930, including some 56 from Public Assistance Institutions, the like and elsewhere. The catchment area since July last has been altered. This Hospital is not designated for the reception of short order cases. The direct admissions up to date from the 5th July last total 176 (80 male, 96 female), which already show an increase in rate compared with the figures for 1947. Of these admissions 34 (22 male, 12 female) came from hospitals designated to receive short order cases and the like, as opposed to coming direct from their homes or via the Outpatient Clinics.

The general health of patients has been good. During 1947 there were 64 deaths, post mortem examinations being carried out in 31 instances. The mortality rate was not high, being 7.5% (males 7.0%, females 8.2%). Deaths from tuberculosis amounted to 3, all males; there are now under treatment 4 males and 1 female. Last year there were 6 cases notified (male 5, female 1). The co-operation of the County Tuberculosis Officer is helpful, diagnosis and treatment. Other infectious diseases have included influenza (1), dysentery (1) and typhoid fever (1). The latter was sent here from another hospital without any bacteriological evidence of ill-health; she is now well. Several typhoid carriers are under care, in a female ward. This is an admirable health record. There have been 7 inquests since last visit, the circumstances of which have been reported to our Board. During the same period fractures of bone were sustained by 12 male and 5 female patients. Even allowing for the fact that the proportion of males to females in the Hospital is approximately 6 to 5, this record of fractures shows an unusually high number in males as compared with females.

The medical work of the Hospital is well organised to allow senior doctors to supervise and advise, and junior doctors to share in treatment of all types of case and by varied methods. Old established and modern methods are in use, and much active work is done. Case conferences are held fortnightly and by this and other means the teaching of those who join the staff without psychiatric experience is carried out. There is a medical reference library.

Out-patient work has increased. Clinics are now held at the Royal Hampshire County Hospital, Winchester; at the Aldershot Hospital; at Odstock Hospital, Salisbury, and here (Pinewood House) — while Dr. Slorach, the Deputy Medical Superintendent, is taking part in work on nervous disorders of the skin at St. Bartholomew's Hospital.

Dental treatment is carried out in the new dental room, formerly an operating theatre. Sessions are held for the treatment of new cases, there is a weekly session for dental operations, and others to see and if necessary treat cases from all wards, on a rota system.

A new operating theatre has been made and equipped in what was a visiting room. Another former visiting room has been made into a laboratory; here work is done on routine tests in connection with the needs of the Hospital. Control of intestinal infection is carried out at the Public Health Laboratory, Winchester. The visiting Radiographer and the Radiologist deal with X-ray work. A chiropodist visits weekly and treats a considerable number of patients during the year. A part-time Social Worker does much useful work in seeing patients and their relatives and giving reports on home conditions. There is also available the help of consulting physicians and surgeons (including a consultant for criminology).

Occupation Therapy suffers from the difficulty of finding a trained and experienced therapist to put in general charge of the work. There are at present two assistant therapists, with one centre for men and women: some handicraft work is done in the wards; there is scope for extension when circumstances permit. Occupations in the wards, gardens and maintenance departments continue to give interest to patients and to benefit the Hospital. The erection of 4 huts, to be used for occupations, has been mentioned.

Recreation of patients are varied and well organised.

The Nursing Staff is as follows:

Male 97: Female 102 (whole-time 75, part-time 27); with the addition of 6 ward orderlies.

On night duty: male 11, female 9.

The shortage of female nurses, particularly of senior rank, has been mentioned. We believe that this Hospital is unique in the extent to which foreign nurses and ward-maids are employed: there are members of 13 different nationalities now here. One ward at a time of visit was in charge of a Swiss (trained) mental

nurse, with a German and Polish nurse among the staff, and a Latvian as Deputy Charge. While language difficulties do occur, efforts are made to reduce them, and most of the foreign staff either already speak English or intend to learn to do so. While it is a pity that there are not enough nurses from this country to learn and to carry on the tradition of good mental nursing, the Hospital is to be congratulated on its enterprise in dealing with the shortage, and British and foreign staff alike deserve praise for the spirit of co-operation of which we heard at our visit. We saw much evidence of careful nursing of the sick and of those who are up and about.

A Male Tutor has been appointed and a Preliminary Training School has been opened.

We heard with interest of the competitions held for the best kept ward gardens.

Dr. Atkin has to assist him as his Deputy Dr. J. Slorach. The remainder of the medical staff consist of Dr. E. R. Jones, Dr. J. Todd, Dr. S. Kent, Dr. E. A. O'Neill, Dr. S. D. H. de Zilwa, and Dr. J. Kelsey, who is to take up his appointment at the end of the month. Dr. B. Fife is House Physician.

In conclusion we would like to thank Dr. Atkin and the Heads of all Departments for their assistance throughout our visit. We had the pleasure of meeting the Chairman and some members of the Hospital Management Committee and would like to express our appreciation to them and to Dr. Atkin for the arrangements made for us.

(Signed) ISABEL G. H. WILSON.

J. C. RAWLINSON.

Commissioners, Board of Control.

### THE CHAPLAIN'S REPORT

31st January, 1949.

Mr. Chairman, Ladies and Gentlemen,

It is my pleasant duty to present the Report of the Chaplain.

Whereas I would avoid statistics as such, I cannot help but be guided and heartened by the steady increase in the attendance at Divine Worship each Sunday. It has now become a regular feature for 350 to 450 to be present.

The need for a second Service for the patients of the villas and open wards has, I believe, been met by the introduction of a Service of Holy Communion each Sunday also, and it has been a privilege to administer the Sacrament to a consistently increasing number of communicants.

During the year the Cemetery Chapel has been restored and furnished for Services of Burial and this is now in use; some of the furnishings being presented by a Church Society long associated with the Hospital. It has become obvious that we now need a trained Choir to lead the services, and the Hospital Organist is undertaking the training of a number of the male nursing staff.

During Lent, Classes of Instruction will be held in preparation for a Hospital Confirmation by the Bishop; and this month brings an invitation to hold a "Padre's Hour" in the Admission Villa also. Something, I learn, entirely new in Mental Hospitals.

During my visits to the wards, I have without a single exception received a courteous and helpful welcome, and been given whatever facilities were necessary for talks and interviews.

It is not given to every Hospital Chaplain to live and work with the Medical Staff, as has been my happy privilege this past year, and I would wish to record my sincere thanks to those who made this possible. Perhaps the helpful co-operation I have received from all Departments can best be summed up by the symbolism of the Christmas morning service when the Traditional Lessons were read by Dr. Atkin and Dr. Slorach, the Secretary, Mr. Hales, the Chief Engineer, the Farm Bailiff and the Chief Male Nurse.

It has been an encouraging year indeed.

I remain, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

T. FRASER-BOWEN.

### THE ROMAN CATHOLIC CHAPLAIN'S REPORT

26th January, 1949.

Mr. Chairman, Ladies and Gentlemen,

Towards the end of 1947 the Catholic Nursing Staff had the privilege of Holy Mass being celebrated each Sunday at 6.15 a.m. before duty. This has been carried on throughout the year each Sunday, and also on the eight special Feast Days — 1st and 6th January, Ascension Thursday, Corpus Christi, 29th June, 15th August, 1st November, and Christmas Day. On Christmas Eve night for the first time in the history of the Hospital Midnight Mass was sung by Rev. Father J. W. Levey, the assistant Chaplain. There were over 95 in attendance. For some weeks previous, Father Levey had prepared the choir with some short practices after duty.

In February there were a series of informal lectures given by Father Levey on the "Doctrine of the Catholic Church and the Modern Problems with which a Catholic is faced to-day." These began at 8.30 p.m. on Sunday evenings for a period of 14 weeks. The last of the lecturers, the Rev. Father Sandiford, S.J., gave a short brilliant and helpful talk to the Catholic Nurses.

The Monday morning Mass at 8.45 a.m., principally for the patients, has been maintained throughout the year, giving the patients the weekly opportunity of the assistance of Holy Mass and reception of the Sacraments. Those patients who cannot attend and are in bed, their spiritual needs are administered in the ward.

Both the Rt. Reverend Monseigneur H. Dorran, V.G., and Father Levey are on call, day and night, for any patient on "sick notice"; little time lapses, from when either are phoned, until they are at the bedside of the patient.

Concluding this report of 1948, the Catholic Staff, which now number 82, of whom 63 are resident, have greater spiritual facilities than ever before, namely the possibility of their Sunday Mass and Holy Communion before beginning duty, and this means a lot to a Catholic Nurse.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. W. LEVEY.

### THE FREE CHURCH CHAPLAIN'S REPORT

30th March, 1949.

Mr. Chairman, Ladies and Gentlemen,

The Services are held at 3 o'clock on Thursday afternoons and are taken in turn by Ministers from the Methodist, Congregational, Baptist and Countess of Huntingdon's Connexions. The singing is always hearty and the devotion of many is unmistakable. A reverent hearing is invariably given to the address. Indeed it is a constant and ever-renewed source of surprise that they get so much from the services. Sometimes comments on a later visit establish the fact that a message registered and has been remembered.

We are grateful for the services of the organist, especially considering the difficulties of the instrument. When we arrive, the hymns have already been chosen, and it certainly helps those attending to take part with zest when they hear a hymn they have asked for being announced.

Visitation in the wards is more varied. Sometimes there is a response. At other times we are as those who do their work in a fog and cannot be sure if it has been done aright.

We would like to express our gratitude for the arrangements that are made in order that these duties may be carried out and the unfailing courtesy with which we are received.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

HAROLD G. KELLEY.

# PARK PREWETT HOSPITAL

# GENERAL TABLE, showing the movement of the Hospital Population during the year, 1948.

Temporary Certified M F T	•		5 10 15 627 559 1186				1 4 5 86 81 167	4     6     10     541     473     1019       2     4     6     6     7     13	2 2 4 535 471 1006	
Voluntary M F T			253 257 510				145 163 303	108 94 202 5 5 10	103 89 192	
Certified M F T	497 374 871	130 185 315		14 29 43 29 27 56	9	5 1 6 32 18 50				
Temporary M F T	- 2 2	5 8 13		1 2 - 1	1	- 2 2				
Voluntary M F T	80 52 132	173 205 378		48 37 85 70 91 161	22 28 50	5 7 12				
	On the Hospital Registers 1st January, 1948	yearTotal Cases under treatment during	the year  Cases discharged, departed, or transferred during the year:	Recovered Relieved Relieved	Not Improved	By Operation of Law Died during the year		Regradings	Cases on the Hospital Registers, 31st December, 1948	Average daily number resident

529 422 951

1 2 3

98 72 170

during the year .....





